

**PHOTO RELEASE**

Division: Neighborhood and Community Services, Therapeutic Recreation Services  
Program: Therapeutic Recreation Summer Program (TRS)

I hereby give permission for my **child/self (print name)** \_\_\_\_\_  
to be photographed and/or video taped by a Fairfax County Dept. of Neighborhood and Community Services representative or a Fairfax County government representative for use in publicizing the TRS programs in print or electronic media. I acknowledge and agree that my participation in photographs or videos may be edited and used in whole or in part as desired for this purpose. I also acknowledge and agree that photographs and videos taken by a Dept. of Neighborhood and Community Services representative or a Fairfax County government representative of me may be used on the county web site. I agree that photographs taken by a Dept. of Neighborhood and Community Services representative or a Fairfax County government representative become the property of Fairfax County without compensation to me. I also understand that any photographs may be subject to the Virginia Freedom of Information Act or the Virginia Privacy Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of parent or legal guardian if person in the program is under 18 years of age.)*

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**EMAIL DISTRIBUTION LIST**

Division: Neighborhood and Community Services, Therapeutic Recreation Services  
Topic: Email Distribution List

In an attempt to increase our communication with the families of our participants, Therapeutic Recreation Services (TRS) is exploring the ability to use an email distribution list as an additional means to update families on news, emergency alerts, events and programs going on in the area that are in support of individuals with disabilities. This could include updates on Therapeutic Recreation Programs, as well as programs and events of partnering agencies and/or community groups.

If you are interested in being added to our distribution list please fill out and return this form to the Therapeutic Recreation offices.

I hereby give permission for my Fairfax County Department of Neighborhood and Community Services, Therapeutic Recreation Division to add my email address to their distribution list. This list will allow me to receive electronic updates on programs, receive program information, flyers and newsletters promoting programs and events of a relevant nature, and emergency alerts as they pertain to TRS Programs etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of parent or legal guardian if person in the program is under 18 years of age.)*

Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reasonable accommodations will be made upon request 703-324-5532, TTY 711



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